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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* NONE X

\*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE X

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 12/05/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 23	INDEPENDENT CLAIMS 4
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Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
 35813  
 DESIGN IP-DEPT. MOT  
 5000 W. TILGHMAN STREET  
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TITLE  
 Communication headset and method

FILING FEE  RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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